

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM						SERIAL NO.		FILING DATE					
FEE CALCULATION SHEET						10/540287							
(FOR USE WITH FORM PTO-875)						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	↓	7	↓		↓	
TOTAL DEP.		←		←		←	TOTAL DEP.	←	63	←		←	
TOTAL CLAIMS							TOTAL CLAIMS		70				